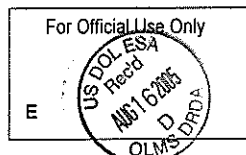


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7199</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Francis</u> <u>T</u> <u>Leake</u>  P.O. Box, Bldg., Room No., if any  Street <u>1295 Livingston Avenue</u>  City <u>North Brunswick</u>  State <u>New Jersey</u> ZIP Code + 4 <u>08902</u>	4. Name, file number, and address of labor organization. Name <u>Int'l Brotherhood of Elec Workers Local #456</u>  Labor Organization File Number <u>001-110</u>  P.O. Box, Building and Room Number, if any  Street <u>1295 Livingston Avenue</u>  City <u>North Brunswick</u>  State <u>New Jersey</u> ZIP Code + 4 <u>08902</u>
5. Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>8-11-05</u> <u>732-246-2622</u> Date Telephone Number

Name of Person Filing <b>Francis Leake</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>IBEW Local Union #456 Electrical JATC</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>IBEW Local Union #456 Electrical JATC</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>1295 Livingston Avenue</b></p> <p>City <b>North Brunswick</b></p> <p>State <b>New Jersey</b> ZIP Code + 4 <b>08902</b></p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p><b>Reimbursement of expenses incurred in connection with attendance at educational conference. The Union reimbursed the JATC Fund.</b></p> <p>_____</p> <p>12.b. Amount. _____ \$1,200</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <b>Francis Leake</b>	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>I.B.E.W. Local 456 Health &amp; Welfare Fund</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>I.B.E.W. Local 456 Health &amp; Welfare Fund</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>c/o I.E. Shaffer &amp; Co.</b></p> <p>Street <b>830 Bear Tavern Road</b></p> <p>City <b>West Trenton</b></p> <p>State <b>New Jersey</b> ZIP Code + 4 <b>08628-0230</b></p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><b>Payment for lunches at trustees meetings.</b></p> <p>12.b. Amount. <b>\$58</b></p>

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Electricians' Annuity Fund IBEW Local 456

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Electricians' Annuity Fund IBEW Local 456

Trade Name, if any:

P.O. Box, Bldg., Room No., if any c/o I.E. Shaffer &amp; Co.

Street 830 Bear Tavern Road

City West Trenton

State New Jersey

ZIP Code + 4 08628-0230

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Payment for lunches at trustees meetings.

## 12.b. Amount.

\$58

Name of Person Filing **Francis Leake**

File Number U-

**Part B Continuation Page**

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**8. Name and address of Business (including trade name, if any).**

Name **Local Union 456 IBEW Pension Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

**9. Business deals with:**

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name **Local Union 456 IBEW Pension Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **c/o I.E. Shaffer & Co.**

Street **830 Bear Tavern Road**

City **West Trenton**

State **New Jersey** ZIP Code + 4 **08628-0230**

**11.a. Nature of such dealing.**

**11.b. Approximate dollar value of such dealing.**

**12.a. Nature of interest held or income received.**

**Payment for lunches at trustees meetings.**

**12.b. Amount.**

**\$58**